MILLWAY HEALTHCARE CENTER LLC

8534 WEST MILL ROAD

MILWAUKEE 53225 Phone: (414) 353-2300		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	78	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	81	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	71	Average Daily Census:	72

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	8
Primary Diagnosis	8	Age Groups	8	Less Than 1 Year 1 - 4 Years	43.7 35.2
Developmental Disabilities	0.0	Under 65	15.5	More Than 4 Years	21.1
Mental Illness (Org./Psy)	29.6	65 - 74	19.7		
Mental Illness (Other)	11.3	75 - 84	43.7		100.0
Alcohol & Other Drug Abuse	1.4	85 - 94	19.7		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	1.4	Full-Time Equivalent	
Cancer	1.4			Nursing Staff per 100 Resid	lents
Fractures	1.4		100.0	(12/31/05)	
Cardiovascular	4.2	65 & Over	84.5		
Cerebrovascular	18.3			RNs	10.9
Diabetes	14.1	Gender	8	LPNs	19.2
Respiratory	2.8			Nursing Assistants,	
Other Medical Conditions	15.5	Male	35.2	Aides, & Orderlies	40.9
		Female	64.8		
	100.0	j			
			100.0		

Method of Reimbursement

Medica: (Title :				Medicaid (Title 19)			Other			Private Pay		Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	8	18.6	152	0	0.0	0	0	0.0	0	1	11.1	152	0	0.0	0	9	12.7
Skilled Care	10	100.0	320	35	81.4	130	1	100.0	150	0	0.0	0	8	88.9	130	0	0.0	0	54	76.1
Intermediate				0	0.0	0	0	0.0	0	8	100.0	160	0	0.0	0	0	0.0	0	8	11.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		43	100.0		1	100.0		8	100.0		9	100.0		0	0.0		71	100.0

MILLWAY HEALTHCARE CENTER LLC

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of $12/31/05$										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of					
Private Home/No Home Health	4.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	1.2	Bathing	5.6		85.9	8.5	71					
Other Nursing Homes	6.0	Dressing	18.3		74.6	7.0	71					
Acute Care Hospitals	87.5	Transferring	36.6		52.1	11.3	71					
Psych. HospMR/DD Facilities	1.2	Toilet Use	26.8		60.6	12.7	71					
Rehabilitation Hospitals	0.0	Eating	71.8		15.5	12.7	71					
Other Locations	0.0	*******	* * * * * * * * * * * * * * *	*****	******	**********	******					
Total Number of Admissions	168	Continence		8	Special Treatm	nents	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.5	Receiving Re	espiratory Care	4.2					
Private Home/No Home Health	14.4	Occ/Freq. Incontiner	nt of Bladder	56.3	Receiving Tr	acheostomy Care	0.0					
Private Home/With Home Health	10.8	Occ/Freq. Incontiner	nt of Bowel	38.0	Receiving Su	actioning	0.0					
Other Nursing Homes	1.8	İ			Receiving Os	stomy Care	4.2					
Acute Care Hospitals	58.1	Mobility			Receiving Tu	be Feeding	12.7					
Psych. HospMR/DD Facilities	0.6	Physically Restraine	ed	0.0	Receiving Me	chanically Altered Diets	33.8					
Rehabilitation Hospitals	0.0	İ										
Other Locations	0.0	Skin Care			Other Resident	Characteristics						
Deaths	12.0	With Pressure Sores		7.0	Have Advance	e Directives	69.0					
Total Number of Discharges		With Rashes		2.8	Medications							
(Including Deaths)	167	į			Receiving Ps	sychoactive Drugs	62.0					
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		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Pro	prietary	50	-99	Ski	lled	Al	1	
	Facility	ity Peer Group % Ratio		Peer	Group	Peer Group		Faci	lities	
	%			%	% Ratio		% Ratio		Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	85.1	1.04	87.0	1.02	86.5	1.03	88.1	1.01	
Current Residents from In-County	95.8	82.7	1.16	84.6	1.13	84.9	1.13	77.6	1.23	
Admissions from In-County, Still Residing	18.5	15.8	1.17	16.8	1.10	17.5	1.05	18.1	1.02	
Admissions/Average Daily Census	233.3	247.5	0.94	240.5	0.97	200.9	1.16	162.3	1.44	
Discharges/Average Daily Census	231.9	250.7	0.93	242.6	0.96	204.0	1.14	165.1	1.40	
Discharges To Private Residence/Average Daily Census	58.3	109.5	0.53	104.8	0.56	86.7	0.67	74.8	0.78	
Residents Receiving Skilled Care	88.7	96.3	0.92	97.6	0.91	96.9	0.92	92.1	0.96	
Residents Aged 65 and Older	84.5	84.6	1.00	92.0	0.92	90.9	0.93	88.4	0.96	
Title 19 (Medicaid) Funded Residents	60.6	59.3	1.02	46.7	1.30	55.0	1.10	65.3	0.93	
Private Pay Funded Residents	11.3	13.3	0.85	27.5	0.41	22.5	0.50	20.2	0.56	
Developmentally Disabled Residents	0.0	1.9	0.00	1.3	0.00	1.1	0.00	5.0	0.00	
Mentally Ill Residents	40.8	29.4	1.39	31.8	1.28	31.0	1.32	32.9	1.24	
General Medical Service Residents	15.5	26.5	0.58	24.5	0.63	26.5	0.58	22.8	0.68	
Impaired ADL (Mean)	40.0	53.7	0.74	50.6	0.79	52.3	0.76	49.2	0.81	
Psychological Problems	62.0	53.4	1.16	61.3	1.01	58.3	1.06	58.5	1.06	
Nursing Care Required (Mean)	8.1	7.7	1.06	7.5	1.08	7.3	1.11	7.4	1.09	